

Well-Child Care: The Cornerstone of Pediatric Healthcare

AAPA We are Family Medicine Conference

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Elizabeth P. Elliott, MS, PA-C

American Academy of Pediatrics Bright Futures Expert Panel

Associate Professor, Baylor College of Medicine

Physician Assistant, Texas Children's Hospital



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Texas Children's
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**Bright
Futures™**
prevention and health promotion for infants,
children, adolescents, and their families™

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Disclosures

I have no relevant relationships with ineligible companies to disclose within the past 24 months.

*(Note: Ineligible companies are defined as those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.)

What is Planned?

- **List the components of the well-child visit according to Bright Futures**
- **Describe the various tools and materials available to providers for well-child visits**
- **Examine various practice models to develop a standardized way of approaching well-child visits**

What is Bright Futures?

...is a set of principles, strategies and tools that are theory-based, evidence-driven, and systems-oriented, that can be used to improve the health and well-being of all children through culturally appropriate interventions that address the current and emerging health promotion needs at the family, clinical practice, community, health system and policy levels.

Source: aap.org/en/practice-management/bright-futures/bright-futures-materials-and-tools/bright-futures-guidelines-and-pocket-guide/

Well-Child Visit Components

- **Bright Futures Components of a Well-Child Visit**
 - Priorities
 - History
 - Surveillance of Development
 - Review of Systems
 - Observation of Parent-Child Interaction
 - Physical Examination
 - Screening
 - Immunizations
 - Anticipatory Guidance (in line with priorities)

Priorities

Priorities for the 18 Month Visit

The first priority is to attend to the concerns of the parents.

In addition, the Bright Futures Early Childhood Expert Panel has given priority to the following topics for discussion in this visit:

- ▶ Temperament, development, toilet training, behavior, and discipline (anticipation of return to separation anxiety and managing behavior with consistent limits, recognizing signs of toilet training readiness and parental expectations, new sibling planned or on the way)
- ▶ Communication and social development (encouragement of language, use of simple words and phrases, engagement in reading, playing, talking, and singing)
- ▶ Television viewing and digital media (promotion of reading, physical activity and safe play)
- ▶ Healthy nutrition (nutritious foods; water, milk, and juice; expressing independence through food likes and dislikes)
- ▶ Safety (car safety seats and parental use of seat belts, poisoning, sun protection, firearm safety, safe home environment: burns, fires, and falls)

History

History

Interval history may be obtained according to the concerns of the family and health care professional's preference or style of practice. The following questions can encourage in-depth discussion:

General Questions

- What are you most proud of since our last visit? (If the parent responds, "Nothing," the clinician should be prepared with a compliment, such as, "You made time for this visit despite your busy schedule.")
- What's exciting about this stage of development? What do you like most about this age?
- How are things going in your family?
- Let's talk about some of the things you most enjoy about your child.
- What questions or concerns do you have about your child?

Past Medical History

- Has your child received any specialty or emergency care since the last visit?

Family History

- Has your child or anyone in the family (parents, brothers, sisters, grandparents, aunts, uncles, or cousins) developed a new health condition or died? **If the answer is Yes:** Ascertain who in the family has or had the condition, and ask about the age of onset and diagnosis. If the person is no longer living, ask about the age at the time of death.

Social History

- What major changes have occurred in your family since your last visit? Tell me about any stressful events. What is the effect of these changes on your family?
- What are some of the things you find most difficult about your child?

Surveillance of Development

Surveillance of Development

Do you or any of your child's caregivers have any specific concerns about your child's development, learning, or behavior?

Clinicians using the *Bright Futures Tool and Resource Kit* Previsit Questionnaires or another tool that includes a developmental milestones checklist, or those who use a structured developmental screening tool, need not ask about these developmental surveillance milestones. *(For more information, see the Promoting Healthy Development theme.)*

Social Language and Self-help

Does your child

- Engage with others for play?
- Help dress and undress self?
- Point to pictures in book?
- Point to object of interest to draw your attention to it?
- Turn and look at adult if something new happens?
- Begin to scoop with spoon?
- Use words to ask for help?

Verbal Language (Expressive and Receptive)

Does she

- Identify at least 2 body parts?
- Name at least 5 familiar objects, such as ball or milk?

Gross Motor

Does he

- Walk up with 2 feet per step with hand held?
- Sit in small chair?
- Carry toy while walking?

Fine Motor

Does she

- Scribble spontaneously?
- Throw small ball a few feet while standing?

Review of Systems

Review of Systems

The Bright Futures Early Childhood Expert Panel recommends a complete review of systems as a part of every health supervision visit. This review can be done through questions about the following:

Do you have concern about your child's

- Head
 - Shape
- Eyes
 - Cross-eyed
- Ears, nose, and throat
- Breathing
- Stomach or abdomen
 - Vomiting or spitting
 - Bowel movements
- Genitals or rectum
- Skin
- Development
 - Muscle strength, movement of arms or legs, any developmental concerns

Observation of Parent-Child Interaction

Observation of Parent-Child Interaction

During the visit, the health care professional acknowledges and reinforces positive parent-child interactions and discusses any concerns. Observation focuses on

- How do the parent and child communicate?
- What are your child care needs?
- If handed a book, does the child show the parent pictures (shared attention)?
- Does the parent speak clearly and in a conversational tone when addressing the child?
- What is the tone of the parent-child interactions and the feeling conveyed? Does the parent notice and acknowledge the child's positive behaviors?
- How does the parent guide the child to learn safe limits?
- Does the parent seem positive when speaking about the child?

Physical Examination

Physical Examination

A complete physical examination is included as part of every health supervision visit.

When performing a physical examination, the health care professional's attention is directed to the following components of the examination that are important for a child this age:

- **Measure and plot on appropriate WHO Growth Chart**
 - Recumbent length
 - Weight
 - Head circumference
 - Weight-for-length
- **Neurologic**
 - Observe gait (walking and running), hand control, and arm and spine movement. Note communication efforts.
 - Formal motor system testing is indicated at this age.
 - Note behavior (adult-child interaction, eye contact, use of gestures)
- **Eyes**
 - Assess ocular motility.
 - Examine pupils for opacification and red reflexes.
 - Assess visual acuity using fixate and follow response.
- **Mouth**
 - Note number of teeth and observe for caries, plaque, demineralization (white spots), staining, and injury.
- **Abdomen**
 - Palpate for masses.
- **Skin**
 - Observe for nevi, café-au-lait spots, birthmarks, or bruising.
 - Note behavior (adult-child interaction, eye contact, use of gestures)

Screening

| Screening | | |
|--|---|---|
| Universal Screening | Action | |
| Autism | Autism spectrum disorder screen | |
| Development | Developmental screen | |
| Oral Health (in the absence of a dental home) | Apply fluoride varnish after first tooth eruption and every 6 months. | |
| Selective Screening | Risk Assessment ^a | Action if Risk Assessment Positive (+) |
| Anemia | + on risk screening questions | Hematocrit or hemoglobin |
| Blood Pressure | Children with specific risk conditions or change in risk | Blood pressure measurement |
| Hearing | + on risk screening questions | Referral for diagnostic audiologic assessment |
| Lead | If no previous screen or change in risk | Lead blood test |
| Oral Health | Does not have a dental home | Referral to dental home or, if not available, oral health risk assessment |
| | Primary water source is deficient in fluoride. | Oral fluoride supplementation |
| Vision | + on risk screening questions | Ophthalmology referral |

^a See the *Evidence and Rationale* chapter for the criteria on which risk screening questions are based.

Immunizations

Immunizations

Consult the CDC/ACIP or AAP Web sites for the current immunization schedule.

CDC National Immunization Program: www.cdc.gov/vaccines

AAP Red Book: <http://redbook.solutions.aap.org>

Anticipatory Guidance

Priority

Communication and Social Development

Encouragement of language, use of simple words and phrases, engagement in reading, playing, talking, and singing

Encouragement of Language, Use of Simple Words and Phrases, Engagement in Reading, Playing, Talking, and Singing

The development of language and communication during the early childhood years is of central importance to the child's later growth in social, cognitive, and academic domains. Communication is built on interaction and relationships. Health care professionals have the opportunity to educate parents about the importance of language stimulation, including singing songs, reading, and talking to their child. Parent-child play, in which the child takes the lead and the parent is attentive and responsive, elaborating but not controlling, is an excellent technique for enhancing both the parent-child relationship and the child's language development. Because young children are active learners, they find joy in exploring and learning new words.

Parents may ask health care professionals about the effects of being raised in a bilingual home. They may be reassured that this situation permits the child to learn both languages simultaneously. Parents should be encouraged to speak, play, talk, and sing in whatever language they feel most comfortable. What is most important is that the child be exposed to rich, diverse language in any language.

Provide anticipatory guidance about reading aloud at every visit. Look for opportunities to provide children's books at each visit, if they can be made available. The AAP supports the use of Reach Out and Read and other programs for literacy promotion.

Sample Questions

How does your child communicate what she wants? Who or what does she call by name? What gestures does she use to communicate effectively? For example, does she point to something she wants and then watch to see if you see what she's doing? Does she wave "bye-bye"?

Anticipatory Guidance

- Encourage your toddler's language development by reading and singing to her, and by talking about what you both are seeing and doing together. Books do not have to be read. Talk about the pictures or use simple words to describe what is happening in the book. Do not be surprised if she wants to hear the same book over and over. Words that describe feelings and emotions will help your child learn the language of feelings.
- Although play in which your child takes the lead is a wonderful activity, you also will often need to play an active role with your 18-month-old. You may want to make up a story with figures or characters that can be based on an activity you have done together or a book you have read together.
- Ask your child simple questions, affirm her answers, and follow up with simple explanations.
- Use simple, clear phrases to give your child instructions.

Tools and Materials

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Bright Futures Tool & Resource Kit, 2nd Edition - Core Tools

- Previsit Questionnaire
- Visit Documentation Form
- Parent/Child Educational Handout

Source: aap.org/en/practice-management/bright-futures/bright-futures-materials-and-tools/bright-futures-tool-and-resource-kit/

Toolkit Benefits

- Toolkit helps you provide standardized care
 - All the forms are closely linked to Bright Futures visit components and recommendations, making clinical activities and messages consistent throughout
 - Completed visit documentation forms help you track care over time, ensuring that all patients receive recommended exams, screenings, immunizations, and anticipatory guidance
- AND it helps you provide individualized care
 - Forms allow parent/patient priorities and concerns to surface, giving you opportunities to tailor care and anticipatory guidance

Core Tools

Previsit Questionnaire

Gathers pertinent information BEFORE the visit

PATIENT NAME: _____ DATE: _____

American Academy of Pediatrics
BRIGHT FUTURES PREVISIT QUESTIONNAIRE
18 MONTH VISIT

To provide you and your child with the best possible health care, we would like to know how things are going. Please answer all the questions. Child Development and Autism Spectrum Disorder screenings are also part of this visit. Thank you.

WHAT WOULD YOU LIKE TO TALK ABOUT TODAY?

Do you have any concerns, questions, or problems that you would like to discuss today? No Yes, describe:

TELL US ABOUT YOUR CHILD AND FAMILY.

What excites or delights you most about your child?

Does your child have special health care needs? No Yes, describe:

Have there been major changes lately in your child's or family's life? No Yes, describe:

Have any of your child's relatives developed new medical problems since your last visit? No Yes Unsure If yes or unsure, please describe:

Does your child live with anyone who smokes or spend time in places where people smoke or use e-cigarettes? No Yes Unsure

YOUR GROWING AND DEVELOPING CHILD

Do you have specific concerns about your child's development, learning, or behavior? No Yes, describe:

Check off each of the tasks that your child is able to do.

| | | |
|---|--|---|
| <input type="checkbox"/> Engage with others for play | <input type="checkbox"/> Turn and look at an adult if something new happens. | <input type="checkbox"/> Walk up with 2 feet per step with his hand held. |
| <input type="checkbox"/> Help dress and undress himself. | <input type="checkbox"/> Begin to scoop with a spoon. | <input type="checkbox"/> Sit in a small chair. |
| <input type="checkbox"/> Point to pictures in a book. | <input type="checkbox"/> Use words to ask for help. | <input type="checkbox"/> Carry a toy while walking. |
| <input type="checkbox"/> Point to an interesting object to draw your attention to it. | <input type="checkbox"/> Identify at least 2 body parts. | <input type="checkbox"/> Scribble spontaneously. |
| | <input type="checkbox"/> Name at least 5 familiar objects, such as ball or milk. | <input type="checkbox"/> Throw a small ball a few feet while standing. |

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Visit Documentation Form

Records activities DURING the visit

Well Child | 18 Month Visit

Accompanied By: _____ Preferred Language: _____ Date/Time: _____ Name: _____

Weight (kg): _____ Length (in): _____ Weight-for-length (%): _____ HC (%): _____ ID Number: _____

Vitals (if indicated): Temp: _____ HR: _____ Resp Rate: _____ SpO₂: _____ Birth Date: _____ Age: _____ Sex: M F

HISTORY

Concerns and Questions: None

Nutrition (continued):
 Milk Source: _____ Ounces per 24 hours: _____
 Juice: No Yes _____
 Dental Menses: No Yes _____
 Brushing teeth daily: Yes No _____
 Fluoride: In water source Oral supplement Other _____
 Elimination: Regular soft stools _____

Interval History: None

Medical History: Child has special health care needs. Areas reviewed and updated as needed.
 Past Medical History (See Initial History Questionnaire).
 Surgical History (See Initial History Questionnaire).
 Problem List (See Problem List).

Medications: None

Reviewed and updated (See Medication Record).

Allergies: No known drug allergies

Nutrition: Good appetite Good variety
 Daily fruits and vegetables: Iron source: _____

Comments: _____

DEVELOPMENT

Normal development See Previsit Questionnaire.
 caregiver concerns about development: None Yes _____

| | | |
|---|---|--|
| <input type="checkbox"/> SOCIAL LANGUAGE AND SELF-HELP | <input type="checkbox"/> VERBAL LANGUAGE | <input type="checkbox"/> FINE MOTOR |
| <ul style="list-style-type: none"> Engages with others for play Helps dress and undress self Points to pictures in book Points to object of interest to draw attention to it Turns and looks at adult if something new happens Begins to scoop with spoon | <ul style="list-style-type: none"> Uses 6 to 10 words other than names Identifies at least 2 body parts | <ul style="list-style-type: none"> Scribbles spontaneously Throws small ball a few feet while standing |
| <input type="checkbox"/> GROSS MOTOR | | |
| <ul style="list-style-type: none"> Walks up with 2 feet per step with hand held Sits in small chair Carries toy while walking | | |

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The recommendations in this form do not include an exclusive course of treatment or serve as a standard of care. Variations, taking the account individual circumstances, may be appropriate. Original form included as part of the Bright Futures 3rd and 4th editions (© 2014 edition). The American Academy of Pediatrics (AAP) does not endorse any medications made in this form and is in no way liable for any such change.
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Parent/Patient Educational Handout

Reinforces anticipatory guidance AFTER the visit

American Academy of Pediatrics
BRIGHT FUTURES HANDOUT ► PARENT
18 MONTH VISIT

Here are some suggestions from Bright Futures experts that may be of value to your family.

YOUR CHILD'S BEHAVIOR

- Expect your child to cling to you in new situations or to be anxious around strangers.
- Play with your child each day by doing things she likes.
- Be consistent in discipline and setting limits for your child.
- Plan ahead for difficult situations and by things that can make them easier. Think about your day and your child's energy and mood.
- Wait until your child is ready for toilet training. Signs of being ready for toilet training include:
 - Staying dry for 2 hours
 - Knowing if she is wet or dry
 - Can pull pants down and up
 - Wanting to learn
- Can tell you if she is going to have a bowel movement
- Read books about toilet training with your child.
- Praise sitting on the potty or toilet.
- If you are expecting a new baby, you can read books about being a big brother or sister.
- Recognize what your child is able to do. Don't ask her to do things she is not ready to do at this age.

TALKING AND HEARING

- Read and sing to your child often.
- Talk about and describe pictures in books.
- Use simple words with your child.
- Suggest words that describe emotions to help your child learn the language of feelings.
- Ask your child simple questions, offer praise for answers, and explain simply.
- Use simple, clear words to tell your child what you want him to do.

HEALTHY EATING

- Offer your child a variety of healthy foods and snacks, especially vegetables, fruits, and lean protein.
- Give one bigger meal and a few smaller snacks or meals each day.
- Let your child decide how much to eat.
- Give your child 16 to 24 oz of milk each day.
- Know that you don't need to give your child juice. If you do, don't give more than 4 oz a day of 100% juice and serve it with meals.
- Give your toddler many chances to try a new food. Allow her to touch and put new food into her mouth so she can learn about them.

YOUR CHILD AND TV

- Do activities with your child such as reading, playing games, and singing.
- Be active together as a family. Make sure your child is active at home, in child care, and with others.
- If you choose to introduce media now:
 - Choose high-quality programs and apps.
 - Use them together.
 - Limit viewing to 1 hour or less each day.
 - Avoid using TV, tablets, or smartphones to keep your child busy.
 - Be aware of how much media you use.

Helpful Resources: Poison Help Line: 800-222-1222
 Information About Car Safety Seats: www.safercar.gov/parents | Toll-free Auto Safety Hotline: 888-327-4238

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NOTE: The *Toolkit* is an online access product. For more information about licensing options, visit <https://www.aap.org/en/forms/toolkits>.

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Previsit Questionnaire

PATIENT NAME: CLEAR FORM
DATE: Please print.

American Academy of Pediatrics

BRIGHT FUTURES PREVISIT QUESTIONNAIRE 18 MONTH VISIT



To provide you and your child with the best possible health care, we would like to know how things are going. Please answer all the questions. Child Development and Autism Spectrum Disorder screenings are also part of this visit. Thank you!

WHAT WOULD YOU LIKE TO TALK ABOUT TODAY?

Do you have any concerns, questions, or problems that you would like to discuss today? No Yes, describe:

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What excites or delights you most about your child?

Does your child have special health care needs? No Yes, describe:

Have there been major changes lately in your child's or family's life? No Yes, describe:

Have any of your child's relatives developed new medical problems since your last visit? No Yes Unsure If yes or unsure, please describe:

Does your child live with anyone who smokes or spend time in places where people smoke or use e-cigarettes? No Yes Unsure

YOUR GROWING AND DEVELOPING CHILD

Do you have specific concerns about your child's development, learning, or behavior? No Yes, describe:

Check off each of the tasks that your child is able to do.

- | | | |
|---|--|---|
| <input type="checkbox"/> Engage with others for play. | <input type="checkbox"/> Turn and look at an adult if something new happens. | <input type="checkbox"/> Walk up with 2 feet per step with his hand held. |
| <input type="checkbox"/> Help dress and undress himself. | <input type="checkbox"/> Begin to scoop with a spoon. | <input type="checkbox"/> Sit in a small chair. |
| <input type="checkbox"/> Point to pictures in a book. | <input type="checkbox"/> Use words to ask for help. | <input type="checkbox"/> Carry a toy while walking. |
| <input type="checkbox"/> Point to an interesting object to draw your attention to it. | <input type="checkbox"/> Identify at least 2 body parts. | <input type="checkbox"/> Scribble spontaneously. |
| | <input type="checkbox"/> Name at least 5 familiar objects, such as ball or milk. | <input type="checkbox"/> Throw a small ball a few feet while standing. |

Additional Screenings

What would you like to talk about today?

Tell us about your child and family.

Your growing and developing child -
Developmental Surveillance



Previsit Questionnaire

PATIENT NAME: _____ DATE: _____
Please print.

18 MONTH VISIT

| RISK ASSESSMENT | | | | |
|-----------------|---|---------------------------|---------------------------|------------------------------|
| Anemia | Does your child's diet include iron-rich foods, such as meat, iron-fortified cereals, or beans? | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> Unsure |
| | Do you ever struggle to put food on the table? | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> Unsure |
| Hearing | Do you have concerns about how your child hears? | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> Unsure |
| | Do you have concerns about how your child speaks? | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> Unsure |
| Lead | Does your child live in or visit a home or child care facility with an identified lead hazard or a home built before 1960 that is in poor repair or was renovated in the past 6 months? | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> Unsure |
| Oral health | Does your child have a dentist? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Unsure |
| | Does your child's primary water source contain fluoride? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Unsure |
| Vision | Do you have concerns about how your child sees? | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> Unsure |
| | Do your child's eyes appear unusual or seem to cross? | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> Unsure |
| | Do your child's eyelids droop or does one eyelid tend to close? | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> Unsure |
| | Have your child's eyes ever been injured? | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> Unsure |

Medical Screening –
Risk Assessment Questions



ANTICIPATORY GUIDANCE

How are things going for you, your child, and your family?

YOUR CHILD'S BEHAVIOR

| | | | |
|---|---------------------------|---------------------------|--------------------------|
| Do you praise your child for good behavior? | <input type="radio"/> Yes | <input type="radio"/> No | |
| If your child is upset, do you help distract him with another activity, book, or toy? | <input type="radio"/> Yes | <input type="radio"/> No | |
| Do other caregivers set the same limits for your child as you do? | <input type="radio"/> Yes | <input type="radio"/> No | |
| Do you use time-outs as a way to manage your child's behavior? | <input type="radio"/> Yes | <input type="radio"/> No | |
| Have you thought about toilet training? | <input type="radio"/> Yes | <input type="radio"/> No | |
| If you are planning to have another baby, have you thought about how you will prepare your child? | <input type="radio"/> N/A | <input type="radio"/> Yes | <input type="radio"/> No |

TALKING AND COMMUNICATING

| | | |
|--|---------------------------|--------------------------|
| Do you read, sing, and talk with your child about what you are seeing and doing? | <input type="radio"/> Yes | <input type="radio"/> No |
| Does he wave "bye-bye"? | <input type="radio"/> Yes | <input type="radio"/> No |
| Do you use simple words to tell your child what to do? | <input type="radio"/> Yes | <input type="radio"/> No |

YOUR CHILD AND TV

| | |
|--|--|
| How much time every day does your child spend watching TV or using computers, tablets, or smartphones? | _____ hours |
| If your child uses media, do you monitor the shows your child watches or activity she does? | <input type="radio"/> Yes <input type="radio"/> No |

HEALTHY EATING

| | |
|---|--|
| Do you provide a variety of vegetables, fruits, and other nutritious foods? | <input type="radio"/> Yes <input type="radio"/> No |
| Does your child eat much food that you would describe as junk food? | <input type="radio"/> No <input type="radio"/> Yes |
| Does your child drink water every day? | <input type="radio"/> Yes <input type="radio"/> No |
| Is your child willing to try new foods? | <input type="radio"/> Yes <input type="radio"/> No |

SAFETY

| Car and Home Safety | |
|---|--|
| Is your child fastened securely in a rear-facing car safety seat in the back seat car every time he rides in a vehicle? | <input type="radio"/> Yes <input type="radio"/> No |
| Does everyone in the car always use a lap and shoulder seat belt, booster seat, or car safety seat? | <input type="radio"/> Yes <input type="radio"/> No |
| Do you have emergency phone numbers near every telephone and in your cell phone for rapid dial? | <input type="radio"/> Yes <input type="radio"/> No |
| Do you keep cigarettes, lighters, matches, and alcohol out of your child's sight and reach? | <input type="radio"/> Yes <input type="radio"/> No |



Previsit Questionnaire

PATIENT NAME: _____ DATE: _____
Please print.

18 MONTH VISIT

| RISK ASSESSMENT | | | | |
|-----------------|---|---------------------------|---------------------------|------------------------------|
| Anemia | Does your child's diet include iron-rich foods, such as meat, iron-fortified cereals, or beans? | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> Unsure |
| | Do you ever struggle to put food on the table? | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> Unsure |
| Hearing | Do you have concerns about how your child hears? | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> Unsure |
| | Do you have concerns about how your child speaks? | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> Unsure |
| Lead | Does your child live in or visit a home or child care facility with an identified lead hazard or a home built before 1960 that is in poor repair or was renovated in the past 6 months? | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> Unsure |
| | Does your child have a dentist? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Unsure |
| Oral health | Does your child's primary water source contain fluoride? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Unsure |
| | Do you have concerns about how your child sees? | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> Unsure |
| Vision | Do your child's eyes appear unusual or seem to cross? | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> Unsure |
| | Do your child's eyelids droop or does one eyelid tend to close? | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> Unsure |
| | Have your child's eyes ever been injured? | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> Unsure |

Medical Screening –
Risk Assessment Questions

ANTICIPATORY GUIDANCE

How are things going for you, your child, and your family?

Anticipatory Guidance

YOUR CHILD'S BEHAVIOR

| | | | |
|---|---------------------------|---------------------------|--------------------------|
| Do you praise your child for good behavior? | <input type="radio"/> Yes | <input type="radio"/> No | |
| If your child is upset, do you help distract him with another activity, book, or toy? | <input type="radio"/> Yes | <input type="radio"/> No | |
| Do other caregivers set the same limits for your child as you do? | <input type="radio"/> Yes | <input type="radio"/> No | |
| Do you use time-outs as a way to manage your child's behavior? | <input type="radio"/> Yes | <input type="radio"/> No | |
| Have you thought about toilet training? | <input type="radio"/> Yes | <input type="radio"/> No | |
| If you are planning to have another baby, have you thought about how you will prepare your child? | <input type="radio"/> N/A | <input type="radio"/> Yes | <input type="radio"/> No |

TALKING AND COMMUNICATING

| | | |
|--|---------------------------|--------------------------|
| Do you read, sing, and talk with your child about what you are seeing and doing? | <input type="radio"/> Yes | <input type="radio"/> No |
| Does he wave "bye-bye"? | <input type="radio"/> Yes | <input type="radio"/> No |
| Do you use simple words to tell your child what to do? | <input type="radio"/> Yes | <input type="radio"/> No |

YOUR CHILD AND TV

| | | |
|--|---------------------------|--------------------------|
| How much time every day does your child spend watching TV or using computers, tablets, or smartphones? | _____ hours | |
| If your child uses media, do you monitor the shows your child watches or activity she does? | <input type="radio"/> Yes | <input type="radio"/> No |

HEALTHY EATING

| | | |
|---|---------------------------|---------------------------|
| Do you provide a variety of vegetables, fruits, and other nutritious foods? | <input type="radio"/> Yes | <input type="radio"/> No |
| Does your child eat much food that you would describe as junk food? | <input type="radio"/> No | <input type="radio"/> Yes |
| Does your child drink water every day? | <input type="radio"/> Yes | <input type="radio"/> No |
| Is your child willing to try new foods? | <input type="radio"/> Yes | <input type="radio"/> No |

SAFETY

Car and Home Safety

| | | |
|---|---------------------------|--------------------------|
| Is your child fastened securely in a rear-facing car safety seat in the back seat car every time he rides in a vehicle? | <input type="radio"/> Yes | <input type="radio"/> No |
| Does everyone in the car always use a lap and shoulder seat belt, booster seat, or car safety seat? | <input type="radio"/> Yes | <input type="radio"/> No |
| Do you have emergency phone numbers near every telephone and in your cell phone for rapid dial? | <input type="radio"/> Yes | <input type="radio"/> No |
| Do you keep cigarettes, lighters, matches, and alcohol out of your child's sight and reach? | <input type="radio"/> Yes | <input type="radio"/> No |



Previsit Questionnaire


- Parent fills out before seeing the health care professional.
- Written in plain language
- Beginning at age 11, youth are asked to fill out their own form
- The questionnaire:
 - provides space to note special concerns, describe changes since the previous visit
 - gathers information about development
 - contains risk assessment questions that may lead to recommended medical screening
 - gathers information that sets the stage for focused anticipatory guidance

CLEAR FORM

PATIENT NAME: _____ DATE: _____

Please print.

American Academy of Pediatrics
BRIGHT FUTURES PREVISIT QUESTIONNAIRE
18 MONTH VISIT


Bright Futures.

To provide you and your child with the best possible health care, we would like to know how things are going. Please answer all the questions. Child Development and Autism Spectrum Disorder screenings are also part of this visit. Thank you.

WHAT WOULD YOU LIKE TO TALK ABOUT TODAY?

Do you have any concerns, questions, or problems that you would like to discuss today? No Yes, describe:

TELL US ABOUT YOUR CHILD AND FAMILY.

What excites or delights you most about your child?

Does your child have special health care needs? No Yes, describe:

Have there been major changes lately in your child's or family's life? No Yes, describe:

PATIENT NAME: _____ DATE: _____

Please print.

18 MONTH VISIT

RISK ASSESSMENT

| | | | | |
|-------------|---|---------------------------|---------------------------|------------------------------|
| Anemia | Does your child's diet include iron-rich foods, such as meat, iron-fortified cereals, or beans? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Unsure |
| | Do you ever struggle to put food on the table? | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> Unsure |
| Hearing | Do you have concerns about how your child hears? | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> Unsure |
| | Do you have concerns about how your child speaks? | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> Unsure |
| Lead | Does your child live in or visit a home or child care facility with an identified lead hazard or a home built before 1950 that is in poor repair or was renovated in the past 6 months? | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> Unsure |
| Oral health | Does your child have a dentist? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Unsure |
| | Does your child's primary water source contain fluoride? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Unsure |
| Vision | Do you have concerns about how your child sees? | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> Unsure |
| | Do your child's eyes appear unusual or seem to cross? | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> Unsure |
| | Do your child's eyelids droop or does one eyelid tend to close? | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> Unsure |
| | Have your child's eyes ever been injured? | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> Unsure |

Check off each of the tasks that your child is able to do.

| | |
|---|--|
| <input type="checkbox"/> Engage with others for play. | <input type="checkbox"/> Turn and look new happens. |
| <input type="checkbox"/> Help dress and undress himself. | <input type="checkbox"/> Begin to scoot. |
| <input type="checkbox"/> Point to pictures in a book. | <input type="checkbox"/> Use words to: |
| <input type="checkbox"/> Point to an interesting object to draw your attention to it. | <input type="checkbox"/> Identify at least |
| | <input type="checkbox"/> Name at least such as ball or |

American Academy of Pediatrics | Bright Futures | <https://brightfutures.org>

ANTICIPATORY GUIDANCE

How are things going for you, your child, and your family?

YOUR CHILD'S BEHAVIOR

| | | |
|---|---------------------------|--------------------------|
| Do you praise your child for good behavior? | <input type="radio"/> Yes | <input type="radio"/> No |
| If your child is upset, do you help distract him with another activity, book, or toy? | <input type="radio"/> Yes | <input type="radio"/> No |
| Do other caregivers set the same limits for your child as you do? | <input type="radio"/> Yes | <input type="radio"/> No |
| Do you use time-outs as a way to manage your child's behavior? | <input type="radio"/> Yes | <input type="radio"/> No |
| Have you thought about toilet training? | <input type="radio"/> Yes | <input type="radio"/> No |
| If you are planning to have another baby, have you thought about how you will prepare your child? | <input type="radio"/> Yes | <input type="radio"/> No |

TALKING AND COMMUNICATING

| | | |
|--|---------------------------|--------------------------|
| Do you read, sing, and talk with your child about what you are seeing and doing? | <input type="radio"/> Yes | <input type="radio"/> No |
| Does he wave "bye-bye"? | <input type="radio"/> Yes | <input type="radio"/> No |
| Do you use simple words to tell your child what to do? | <input type="radio"/> Yes | <input type="radio"/> No |

YOUR CHILD AND TV

| | |
|--|--|
| How much time every day does your child spend watching TV or using computers, tablets, or smartphones? | _____ hours |
| If your child uses media, do you monitor the shows your child watches or activity she does? | <input type="radio"/> Yes <input type="radio"/> No |

HEALTHY EATING

| | |
|---|--|
| Do you provide a variety of vegetables, fruits, and other nutritious foods? | <input type="radio"/> Yes <input type="radio"/> No |
| Does your child eat much food that you would describe as junk food? | <input type="radio"/> No <input type="radio"/> Yes |
| Does your child drink water every day? | <input type="radio"/> Yes <input type="radio"/> No |
| Is your child willing to try new foods? | <input type="radio"/> Yes <input type="radio"/> No |

SAFETY

Car and Home Safety

| | |
|---|--|
| Is your child fastened securely in a rear-facing car safety seat in the back seat car every time he rides in a vehicle? | <input type="radio"/> Yes <input type="radio"/> No |
| Does everyone in the car always use a lap and shoulder seat belt, booster seat, or car safety seat? | <input type="radio"/> Yes <input type="radio"/> No |
| Do you have emergency phone numbers near every telephone and in your cell phone for rapid dial? | <input type="radio"/> Yes <input type="radio"/> No |
| Do you keep cigarettes, lighters, matches, and alcohol out of your child's sight and reach? | <input type="radio"/> Yes <input type="radio"/> No |

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Adolescent Previsit Questionnaire

- Provides opportunity for adolescents to think about their own health, behaviors, activities, growth/development,
- Two versions of 11-14 Year PVQ: with and without sensitive questions

CLEAR FORM

PATIENT NAME: _____ Please print. DATE: _____

American Academy of Pediatrics

BRIGHT FUTURES PREVISIT QUESTIONNAIRE
11 THROUGH 14 YEAR VISITS FOR PATIENTS
(SENSITIVE QUESTIONS INCLUDED)

To give you the best possible health care, we would like to know how things are going. Our discussions with you are private. We hope you will feel free to talk openly with us about yourself and your health. Information is not shared with other people without your permission unless we are concerned that someone is in danger. **Depression screening (beginning at age 12) and Tobacco, Alcohol, or Drug Use assessment are also part of this visit.** Thank you for your time.

WHAT WOULD YOU LIKE TO TALK ABOUT TODAY?

Do you have any concerns, questions, or problems that you would like to discuss today? No Yes, describe:

TELL US ABOUT YOURSELF.

What are you most proud of about yourself?

Have there been major changes lately in your family's life? No Yes, describe:

Have any of your relatives developed new medical problems since your last visit? No Yes Unsure. If yes or unsure, please describe:

Do you live with anyone who smokes or spend time in places where people smoke or use e-cigarettes? No Yes Unsure

GROWING AND DEVELOPING

Check off all the items that you feel are true for you.

I do things that help me have a healthy lifestyle, such as eating healthy foods, being physically active, and keeping myself safe. I help others.

I have at least one adult in my life who I know I can go to if I need help. I feel hopeful and confident.

I have a friend or a group of friends that I feel comfortable to be around. I am becoming more independent and I make more of my own decisions.

American Academy of Pediatrics | Bright Futures | <https://brightfutures.aap.org> PAGE 1 of 4

Visit Documentation Form

- Health care professional uses DURING visit to document activities
 - Conforms to evaluation and management (E/M) documentation guidelines
- Includes sections for each component of visit with space for results, concerns, and observations:
 - History
 - Development
 - Social and Family History
 - Review of systems
 - Physical examination
 - Assessment
 - Anticipatory guidance
 - Plan

The image shows a screenshot of the 'Well Child | 18 Month Visit' form. The form is organized into several sections:

- Header:** Includes fields for 'Accompanied By', 'Preferred Language', 'Date/Time', 'Name', 'Weight (%)', 'Length (%)', 'Weight-for-length (%)', 'HC (%)', 'ID Number', 'Vitals (if indicated)', 'Temp', 'HR', 'Resp Rate', 'SpO2', 'Birth Date', 'Age', 'Sex' (M/F), and 'Race'.
- HISTORY:** Contains 'Concerns and Questions', 'Interval History', 'Medical History', 'Allergies', 'Nutrition', and 'Medications'.
- DEVELOPMENT:** Includes 'Normal development', 'Social Language and Self-Help', 'Verbal Language', and 'Gross Motor'.
- PHYSICAL EXAMINATION:** Lists 'Eyes', 'Head, Ears, Nose, and Throat', 'Cardiovascular', 'Respiratory', 'Genitourinary', 'Abdomen', 'Musculoskeletal', and 'Neurological'.
- ANTICIPATORY GUIDANCE:** Covers 'Communication and Social Development', 'Temperament, Development, Toilet Training, Behavior, and Discipline', and 'Safety'.
- PLAN:** Includes 'Immunizations', 'Universal Screening', and 'Selective Screening'.
- ASSESSMENT:** Features 'Well child' and 'Normal interval growth' checkboxes.
- PRINT NAME and SIGNATURE:** Fields for provider information.

The form is branded with the American Academy of Pediatrics logo and the Texas Children's Hospital logo. It also includes a footer with the text 'Consistent with Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th Edition'.




Educational Handout

- Parent handouts for 1st Week to 17 Year Visits
- Patient handouts for the 7 Year to 21 Year Visits
- Summarize anticipatory guidance for the visit
- Tied to the 5 priorities for that visit
- Written in plain language

American Academy of Pediatrics

BRIGHT FUTURES HANDOUT ► PARENT
18 MONTH VISIT

Here are some suggestions from Bright Futures experts that may be of value to your family.



✓ YOUR CHILD'S BEHAVIOR

- Expect your child to cling to you in new situations or to be anxious around strangers.
- Play with your child each day by doing things she likes.
- Be consistent in discipline and setting limits for your child.
- Plan ahead for difficult situations and try things that can make them easier. Think about your day and your child's energy and mood.
- Wait until your child is ready for toilet training. Signs of being ready for toilet training include:
 - Staying dry for 2 hours
 - Knowing if she is wet or dry
 - Can pull pants down and up
 - Wanting to learn
 - Can tell you if she is going to have a bowel movement
- Read books about toilet training with your child.
- Praise sitting on the potty or toilet.
- If you are expecting a new baby, you can read books about being a big brother or sister.
- Recognize what your child is able to do. Don't ask her to do things she is not ready to do at this age.

✓ TALKING AND HEARING

- Read and sing to your child often.
- Talk about and describe pictures in books.
- Use simple words with your child.
- Suggest words that describe emotions to help your child learn the language of feelings.
- Ask your child simple questions, offer praise for answers, and explain simply.
- Use simple, clear words to tell your child what you want him to do.

✓ YOUR CHILD AND TV

- Do activities with your child such as reading, playing games, and singing.
- Be active together as a family. Make sure your child is active at home, in child care, and with siblings.
- If you choose to introduce media now,
 - Choose high-quality programs and apps.
 - Use them together.
 - Limit viewing to 1 hour or less each day.
- Avoid using TV, tablets, or smartphones to keep your child occupied.
- Be aware of how much media you use.

✓ HEALTHY EATING

- Offer your child a variety of healthy foods and snacks, especially vegetables, fruits, and lean protein.
- Give one bigger meal and a few smaller snacks or meals each day.
- Let your child decide how much to eat.
- Give your child 16 to 24 oz of milk each day.
- Know that you don't need to give your child juice. If you do, don't give more than 4 oz a day of 100% juice and serve it with meals.
- Give your toddler many chances to try a new food. Allow her to touch and put new food into her mouth so she can learn about them.

18 MONTH VISIT—PARENT

✓ SAFETY

- Make sure your child's car safety seat is rear facing until he reaches the highest weight or height allowed by the car safety seat's manufacturer. This will probably be after the second birthday.
- Never put your child in the front seat of a vehicle that has a passenger airbag. The back seat is the safest.
- Everyone should wear a seat belt in the car.
- Keep poisons, medicines, and lawn and cleaning supplies in locked cabinets, out of your child's sight and reach.
- Put the Poison Help number into all phones, including cell phones. Call if you are worried your child has swallowed something harmful. Do not make your child vomit.
- When you go out, put a hat on your child, have him wear sun protection clothing, and apply sunscreen with SPF of 15 or higher on his exposed skin. Limit time outside when the sun is strongest (11:00 am–3:00 pm).
- If it is necessary to keep a gun in your home, store it unloaded and locked with the ammunition locked separately.

WHAT TO EXPECT AT YOUR CHILD'S 2 YEAR VISIT

We will talk about


- Caring for your child, your family, and yourself
- Handling your child's behavior
- Supporting your talking child
- Starting toilet training
- Keeping your child safe at home, outside, and in the car

Consistent with *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th Edition*
For more information, go to <https://brightfutures.aap.org>.

Pocket Guide

Bright Futures Pocket Guide

EARLY CHILDHOOD / 18 MONTH VISIT

18 MONTH VISIT 

Health Supervision

Surveillance of Development

- **Social Language and Self-help**
 - Engages with others for play
 - Helps dress and undress self
 - Points to pictures in book, to object of interest to draw parent's attention to it
 - Turns, looks at adult if something new happens
 - Begins to scoop with spoon
 - Uses words to ask for help
- **Verbal Language (Expressive and Receptive)**
 - Identifies at least 2 body parts
 - Names at least 5 familiar objects
- **Gross Motor**
 - Walks up steps with 2 feet per step with hand held
 - Sits in small chair
 - Carries toy while walking

- **Fine Motor**
 - Scribbles spontaneously
 - Throws small ball a few feet while standing

Observation of Parent-Child Interaction
How do parent and child communicate? Does child show parent book? What is tone, feeling of parent-child interactions? Does parent notice and acknowledge child's positive behaviors? How does parent set limits?

Complete Physical Examination, Including Measure and plot: Recumbent length, weight, head

Assessment: movement, action, pupil, number

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EARLY CHILDHOOD / 18 MONTH VISIT

Communication and social development:
Encouragement of language, use of simple words and phrases, engagement in reading, playing, talking, and singing

- Encourage language development by reading and singing; talk about what you see.
- Use words that describe feelings and emotions to help child learn about feelings.
- Use simple language to give your child instructions.

TV viewing and digital media: Promotion of reading, physical activity, and safe play

- Make time for technology-free play every day; use consistent bedtime routine of reading/songs, not media.
- Use methods other than TV or other digital media for calming (distraction, removal from trigger, going outside, addressing hunger/tiredness).

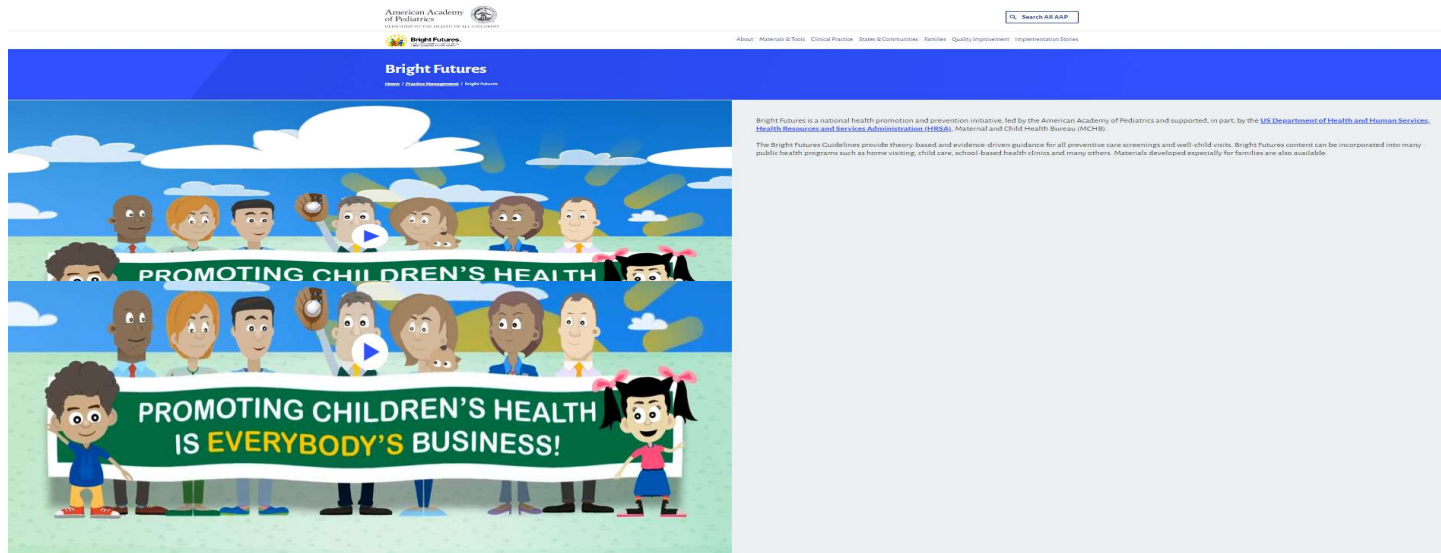
- If you choose to introduce media now, choose high-quality programs/apps and use them together; limit viewing to less than 1 hour per day; be aware of own media use habits; discuss family media use plan (www.healthychildren.org/MediaUsePlan); avoid TV during meals.
Does your child watch TV or videos or use other Internet-connected devices? If no, have you started to discuss a plan for media use when your child is older?

Healthy nutrition: Nutritious foods; water, milk, and juice; expressing independence through food likes and dislikes

- Offer variety of healthy foods/snacks, especially vegetables/fruits/lean protein.
- Provide 1 bigger meal, multiple small meals/snacks; trust child to decide how much to eat.
- Provide 16 to 24 oz milk.

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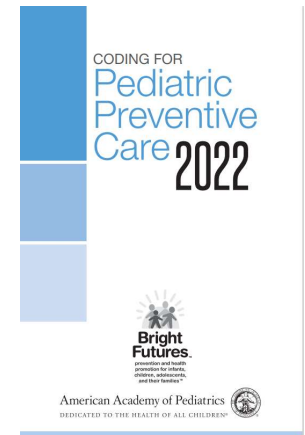
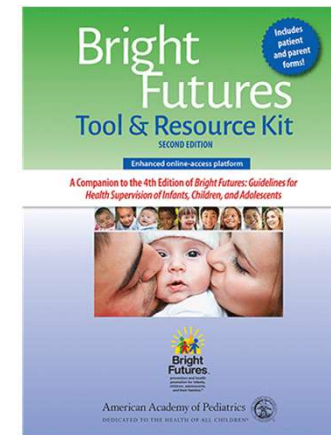
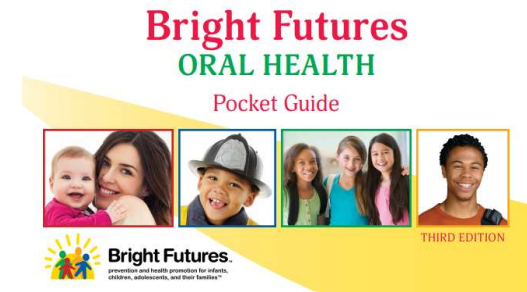
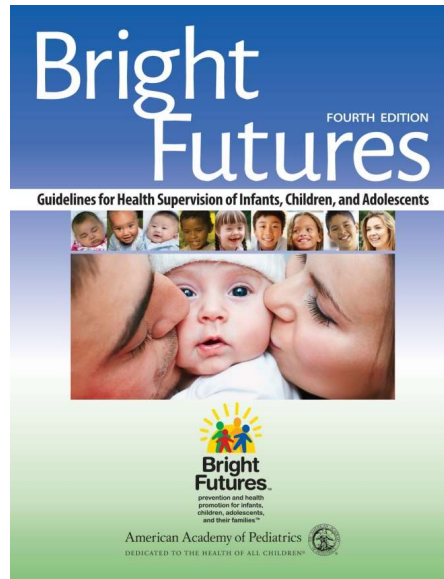
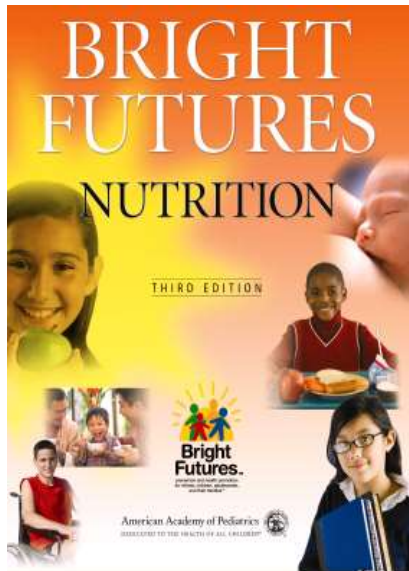
Bright Futures Website Resources



aap.org/brightfutures

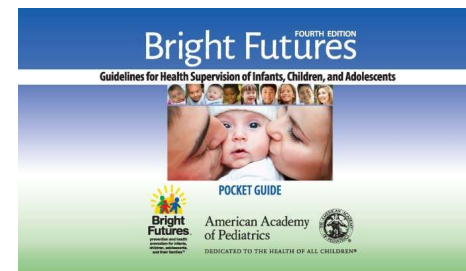


Professional Resources



Bright Futures
Building Positive Parenting
Skills Across Ages

Free PediaLink Course Available Now!
Get the knowledge and skills to provide
parental support and advice - Free course!



Additional Web Resources for Families

The Well-Child Visit: Why Go and What to Expect



Regular checkups are an important way to keep track of your child's health and physical, emotional, and social development. These visits are important for ALL children, including children and youth with special health care needs who may also be under the care of specialists. Your conversations can range from sharing your successes and milestones, to overall concerns about child development, to challenges in daily routines. Think of these visits as your chance to learn as much as you can about the best ways to help your child grow. By focusing on your child's growth and learning, both you and your health care professional make sure your child is developing as expected. Your family and health care professional form a partnership based on respect, trust, honest communication, and understanding your family's culture and traditions.

How to prepare for the well-child visit

To get the most out of your time with the health care team during the visit, take a few simple steps to prepare. For example:

1. Make notes about what you've noticed about your child's health and development. Include any changes in behavior or family routines.
2. Write a list of questions. You will have time to ask them during your visit. If you have many questions, ask the most important ones first and plan for another time for a longer discussion. The Well-Child Planner (see link below) is an online tool that can help you identify questions and concerns to raise with your health care professional. Encourage your teen to ask questions about his/her own health.
3. Gather information that might be helpful for your health care professional. Share information from school (such as your child's Individualized Education Program) or child care to help your health care professional learn more about your child.

La visita de control del niño: Por qué ir y qué esperar



Los controles periódicos son una forma importante de llevar un registro de la salud de su hijo y de su desarrollo físico, emocional y social. Estas visitas son importantes para TODOS los niños, incluidos los niños y jóvenes con necesidades de salud especiales que pudieran estar bajo el cuidado de especialistas. Sus conversaciones pueden ir desde compartir sus logros e hitos alcanzados hasta preocupaciones en general sobre desarrollo infantil y desafíos en las rutinas diarias. Piense en estas visitas como su oportunidad de aprender tanto como pueda sobre las mejores maneras de ayudar a su hijo a crecer. Al concentrarse en el crecimiento y el aprendizaje de su hijo, tanto usted como su profesional de atención médica se aseguran de que el niño se está desarrollando según lo esperado. Su familia y el profesional de atención médica forman una sociedad basada en el respeto, la confianza, la comunicación honesta y la comprensión de la cultura y las tradiciones de su familia.

Cómo prepararse para la visita de control del niño

Para aprovechar al máximo su tiempo con el equipo de atención médica durante la visita, tome algunas medidas simples para prepararse. Por ejemplo:

1. Anote lo que haya observado respecto a la salud y el desarrollo de su hijo. Incluya todos los cambios en la conducta o en las rutinas familiares.
2. Haga una lista de preguntas. Tendrá tiempo para plantearlas durante la visita. Si tiene muchas preguntas, haga primero las más importantes y planifique otra ocasión para tener un debate más prolongado. El planificador de las visitas de control (vea el enlace a continuación) es una herramienta en línea que puede ayudarlo a identificar preguntas e inquietudes para plantear a su profesional de atención médica. Avéncese a su sitio web para hacer preguntas sobre su propia salud.
3. Reúna información que pueda ser útil para su profesional de atención médica. Comparta información de la escuela (como p. ej. el programa de educación individualizada) o de la guardería para ayudar al profesional de atención médica a saber más sobre su hijo.

Qué esperar durante la visita

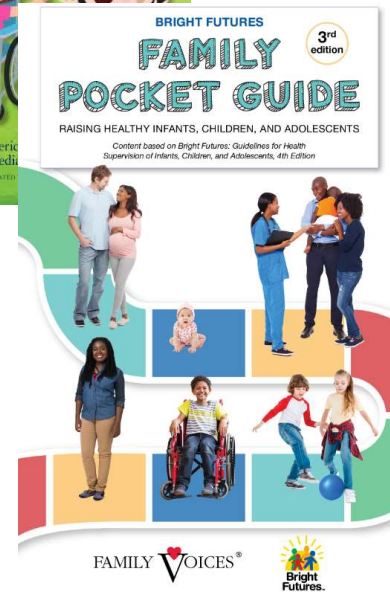
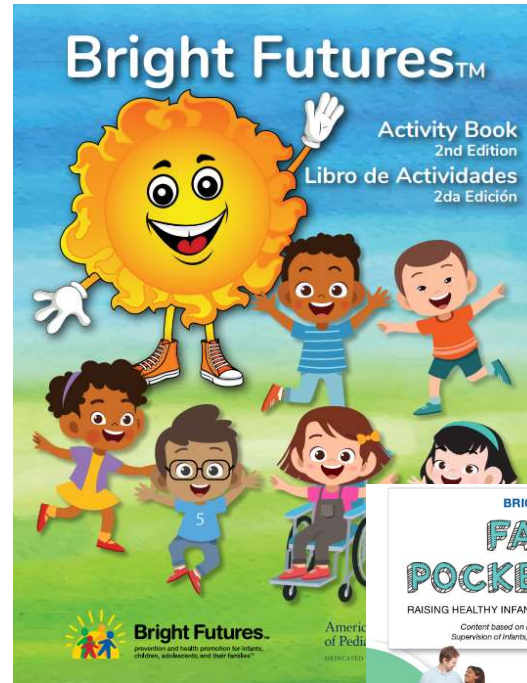
Una visita de control del niño es una oportunidad de obtener actualizaciones regulares sobre la salud y el desarrollo de su hijo. Su equipo de atención médica tomará medidas, llevará a cabo un examen de pies a cabeza, actualizará las vacunas y le ofrecerá la posibilidad de hablar con su profesional de atención médica. Su visita de control incluye 4 actividades específicas:

1. Determinar si su hijo tiene algún problema de salud.
2. Ofrecer formas de evitar que su hijo desarrolle problemas de salud.
3. Brindar apoyo a la salud y el bienestar de su hijo en general.
4. Hablar sobre la información de salud y ofrecer consejos.

Al concentrarse en cada actividad, su profesional de la atención médica le ofrece herramientas e información que puede usar para respetar el desarrollo de su hijo.

¿De qué hablará usted?

- ➔ El crecimiento y el desarrollo de su hijo
- ➔ Los momentos que le dieron orgullo
- ➔ La salud de su familia
- ➔ Su vida cotidiana
- ➔ Sus desafíos
- ➔ El consejo de su profesional de atención médica



Health care professionals: The Bright Futures Tool and Resource Kit and Edition is available as an online access product. For more detailed information about the Toolkit, visit [aap.org/etf](#). To license the Toolkit to use the forms in practice and/or incorporate them into an Electronic Medical Record System, please contact [AAP Sales](#).

Parent Educational Handouts

Infancy Visits

| | |
|-------------------------|-------------------------|
| 1 Day Visit (English) | 1 Day Visit (Spanish) |
| 1 Month Visit (English) | 1 Month Visit (Spanish) |
| 2 Month Visit (English) | 2 Month Visit (Spanish) |
| 4 Month Visit (English) | 4 Month Visit (Spanish) |
| 6 Month Visit (English) | 6 Month Visit (Spanish) |
| 9 Month Visit (English) | 9 Month Visit (Spanish) |

Early Childhood Visits

| | |
|--------------------------|--------------------------|
| 12 Month Visit (English) | 12 Month Visit (Spanish) |
| 15 Month Visit (English) | 15 Month Visit (Spanish) |
| 18 Month Visit (English) | 18 Month Visit (Spanish) |
| 2 Year Visit (English) | 2 Year Visit (Spanish) |



aap.org/en/practice-management/bright-futures/bright-futures-family-centered-care/



Use the Tools

How can I use the tools if:

my practice uses other tools such as developmental screening instruments?

we want to integrate with an EMR/EHR?

we use telehealth to complete well-child care in the time of the pandemic?

my practice uses other tools such as developmental screening instruments?

- Great! Bright Futures does not exclude the use of these screening tools such as the Ages and Stages Questionnaire, PEDS Developmental Screen, or other state-required screening tools.
- As the AAP recommends that well-child care be provided with a standardized approach, using Bright Futures only helps to ensure this happens.

we want to integrate Bright Futures with an EMR/EHR?

- The *Bright Futures Toolkit* Integration Resources page houses resources for EHR/integration partners.
- Forms are available in multiple formats and can be printed out, emailed, or pushed to a patient portal.

NOTE: The *Toolkit* is an online access product. For more information about licensing options, visit <https://www.aap.org/en/forms/toolkits>.

Toolkit Integration Resources

Bright Futures Toolkit Integration Resources

March 22, 2022

Bright Futures Toolkit Integration Resources are for use by group practices and institutions, and require an organization license.

If you have an active organization license but cannot access this resource, contact your institution's administrator or AAP Member & Customer Care at mcc@aap.org.

For more information about obtaining an organization license for your group practice or institution, please fill out the form at <https://go.aap.org/brightfuturesform> and AAP staff will contact you.

General Integration Files

Integration guides and tools intended to aid overall integration of Bright Futures Tool and Resource Kit guidelines into your EHR or system.

- | | |
|---|--|
| <ul style="list-style-type: none">• November 2019: Summary of Changes to Parent Handouts (3-5 Day and 1 Month visits) (Click here to download updated PDFs)• Summary of Major Changes in 2nd Edition Toolkit• Toolkit Content Map and ICD-10/CPT Codes• EHR Visit Documentation Guidance• Bright Futures Toolkit Adaptation/Modification Guidelines | <ul style="list-style-type: none">• User Guide and Instructions for Toolkit Implementation• Milestones and Anticipatory Guidance (Excel)• Milestones and Anticipatory Guidance (Word)• Milestones and Anticipatory Guidance (PDF) |
|---|--|

NOTE: The *Toolkit* is an online access product. For more information about licensing options, visit <https://www.aap.org/en/forms/toolkits>.



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we use telehealth to complete well-child care in the time of the pandemic?

- The pandemic has highlighted the use of telehealth to continue care for our patients from their medical home in a safe manner.
- As it is the gold standard in well-child care, the AAP continues to encourage the use of the *Bright Futures Guidelines* in these circumstances.

Use of Telehealth Services

- The American Academy of Pediatrics (AAP) continues to strongly support access to health care for children and adolescents during the COVID-19 pandemic, utilizing both in person and remote/telehealth services.
- Well-child care should be provided consistent with *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, 4th Edition, and the corresponding *Recommendations for Preventive Pediatric Health Care* (Periodicity Schedule) from the AAP/Bright Futures
- All standards of quality apply equally to any patient encounter, whether remote or in person, including high-quality interpretation in the patient and family's preferred language.
- Elements that require in-person care include, at a minimum: the initial newborn visit; the comprehensive physical examination; office testing, including laboratory testing; hearing, vision, and oral health screening; fluoride varnish; and immunizations.

Source: <https://doi.org/10.1542/peds.2021-053129>

Find additional interim guidance here:

<https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/>

Slide 37

JKO

I updated this slide since the Interim Guidance has been retired.

Janies, Kathryn, 2022-09-16T03:48:11.557

Additional AAP Telehealth Resources

[Telehealth Tips for Pediatricians](#)

The resources provide tips to help minimize implementation barriers as well as important considerations when using telehealth services.

[Promoting Telehealth Campaign Toolkit](#)

Download and share social media graphics, videos and links to HealthyChildren.org articles to help families in your practice better understand the basics of a telehealth appointment and how to get ready for one.

[Facilitated Mini Trainings: Telehealth](#)

These trainings help review telehealth-related topics with staff and other team members. Each training consists of powerpoint slides, speakers notes, and a case study.

[PediaLink Course: Providing Telehealth and Distant Care Services in Pediatrics](#)

Source: <https://www.aap.org/en/practice-management/care-delivery-approaches/telehealth/>

Tools and Materials

**Where do I find the Bright Futures
Tools and Materials to standardize my
approach to well-child care?**

Tools and Materials

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Bright Futures.
promotion and health promotion for infants, children, adolescents, and young adults™

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Bright Futures is a national health promotion and prevention initiative, led by the American Academy of Pediatrics and supported, in part, by the [US Department of Health and Human Services, Health Resources and Services Administration \(HRSA\)](#), Maternal and Child Health Bureau (MCHB).

The Bright Futures Guidelines provide theory-based and evidence-driven guidance for all preventive care screenings and well-child visits. Bright Futures content can be incorporated into many public health programs such as home visiting, child care, school-based health clinics and many others. Materials developed especially for families are also available.

PROMOTING CHILDREN'S HEALTH IS EVERYBODY'S BUSINESS!

aap.org/brightfutures

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Tools and Materials

Bright Futures Tool and Kit Resource Kit, 2nd Edition Contents



Infancy Tools



Early Childhood Tools



Middle Childhood Tools



Adolescent Tools

Medical Screening and Reference Tables

The tables on this page provide an easy-to-use reference table for each Bright Futures well-child visit.

Developmental, Behavioral, Psychosocial, Screening and Assessment Forms

At selected visits, Bright Futures recommends universal screening for issues such as child development, maternal or adolescent depression, substance use or oral health. Find a number of screening tools that have been developed and are commonly used here.

aap.org/en/practice-management/bright-futures/bright-futures-materials-and-tools/bright-futures-tool-and-resource-kit/

What did we do?

- **List the components of the well-child visit according to Bright Futures**
- **Understand the various tools and materials available to providers for well-child visits**
- **Examine various practice models to develop a standardized way of approaching well-child visits**

American Academy of Pediatrics Bright Futures National Center



brightfutures@aap.org



aap.org/brightfutures



630-626-6783

Sign up for the Bright Futures eNews at: aap.org/en/practice-management/bright-futures/contact-bright-futures/

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elliott@bcm.edu

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